

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	43	9/30/47
EXAMINER	450	10/1/47
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Final	Original	Date
1		1-28-49	1/28/49
2		7-2-49	7-2-49
3		2-10-49	2-10-49
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Claim	Final	Original	Date
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SYMBOLS

- ✓ Rejected
- = Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

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